

**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

PAULETTE BRANDON,)	
)	
Plaintiff,)	
)	
vs.)	No. 21 CV 4408
)	
METHODIST HOSPITALS, INC.,)	
)	
Defendant.)	Jury Demand

PLAINTIFF'S EXHIBIT A

**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

PAULETTE BRANDON,)	
)	
Plaintiff,)	
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vs.)	No. 21 CV 4408
)	
METHODIST HOSPITALS, INC.,)	
)	
Defendant.)	Jury Demand

PLAINTIFF'S EXHIBIT B

EEOC Form 5 (501)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented to: Agency(ies) Charge No(s):

☐ FEPA
☒ EEOC

440-2019-02847

INDIANA CIVIL RIGHTS Commission and EEOC
State or local Agency, if any

Name (indicate Mr. Ms. Mrs.)

PAULETTE BRANDON

Home Phone (Incl. Area Code)

(708) 415-8442

Date of Birth

10/01/1964

Street Address

17906 Escanaba Ave

City, State and ZIP Code

Lansing, IL, 60438

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

Methodist Hospitals, Inc.

No. Employees, Members

50+

Phone No. (Include Area Code)

(219) 738-3517

Street Address

6121 Cleveland St

City, State and ZIP Code

Merrillville, IN

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

☐ RACE ☐ COLOR ☐ SEX ☒ RELIGION ☐ NATIONAL ORIGIN☒ RETALIATION ☐ AGE ☐ DISABILITY ☐ OTHER

DATE(S) DISCRIMINATION TOOK PLACE

Earliest:

10/03/2018

Latest:

☒ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attached extra sheet(s)).

SEE RIDER

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY – When necessary for State and Local Agency Requirements

I declare under penalty of perjury that the above is true and correct.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

2-21-19

Date

Paulette Brandon

Charging Party Signature

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

Paulette Brandon

1. My name is Paulette Brandon, I am a 54 year old female.
2. I am a practicing Baptist and a congregant of New Hope Missionary Baptist Church in Hammond, Indiana.
3. My sincerely held religious beliefs do not allow me to receive flu vaccinations
4. I was employed in the Coordinated Business Office of The Methodist Hospitals, Inc., from October 2015 until December 2018
5. My hours were typically 8:00 AM to 4:30 PM Monday through Friday.
6. The Coordinated Business Office is located at 6121 Cleveland St in Merrillville, IN, 5.0 miles away from Methodist Hospital's Southlake Campus.
7. Patients were not treated at the Coordinated Business Office facility. My job required no direct patient care or contact.
8. Methodist Hospital Policy states, in relevant part "All Methodist Hospital employees... must receive an annual influenza vaccine or possess an approved exemption.
9. In 2017 my "Request for Exception from Influenza Vaccination for Religious Reasons," was approved and Methodist Hospitals reasonably accommodated my religious beliefs by allowing me to wear a surgical mask in lieu of vaccination.
10. On October 3rd, 2018, I again filed a "Request for Exception from Influenza Vaccination for Religious Reasons." The request was filed before the deadline expressed in Methodist Hospitals' Policies and Procedures.
11. On October 25th, 2018 I was notified that my request for a religious exemption was denied. No explanation was given. I was directed to receive the influenza vaccination.
12. On November 5th, I was directed by my manager, Yolanda Jaime, to receive a flu shot by 4 PM or face an unpaid suspension.
13. On November 5th, I was suspended without pay.
14. On December 26th, 2018 I was given an ultimatum by HR Manager, Jaime Serrano. I was told that if I did not receive the influenza vaccination by December 27th, 2018, I would be terminated.
15. On December 27th, 2018 my employment with Methodist Hospitals, Inc. was terminated.
16. My employer is discriminating against me on the basis of my religious beliefs by terminating my employment after failing to provide reasonable accommodation, and retaliating against me for asking for such an accommodation.